PERMANENT FOR BINDING THIS RESERVED ARGIN

state infor-1. PLACE OF DEAT OCC1 pluods Registration Dist. No. item of County_ Village or City_ (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? vrs. mos. mos. Length of residence in city or town where death occurred statement (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX-4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CTL (Month) classified. 5a. If merried, widowed, or divorced HUSBANO of REBY CERTIFY, That I ettended deceased from (or) WIFE of -× M certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS than 7. AGE Months Davs stated 1 dayhrs. or ____min. Date of onset Trade, profession, or perticular NO kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL, may should OCCUP SAW MILL, BANK, etc ... 11. Total time (years) On 10 Oate deceased lest worked at spent in this this occupation (month and AGE that occupation ___ vear) _____ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) be carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Oate of injury______ 19_ DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur? ___. (Specify city or town, county and State) -WRITE PLAIN Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury LION 19. UNOERTAKER _ W. F (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II					
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset				
Arteriosclerosis	1915	Attack of epilepsy	1 week ago				
Chronic interstitial nephritis	1921	Run over by street car	1 week ago				
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago				
AUBZAU V.S							
Other contributory eauses of importance:		Other contributory eauses of importance:					
Gallstones	May 1,1923	Gastroenteritis	1 year				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

operly classified. Village or City Ward) (If death occurred in a hospital er institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAT 4 COLOR OR RACE 5 SINGLE 3 SEX 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED Vrite the word) 17 6 DATE OF BIRTH Instruction that I last saw h (Month) (Day) and that death occured on the date stated above, at ... 7 AGE If LESS than I day hrs. The CAUSE OF DEATH * was as follo B.OCCUPATION (a) Trade, profession or particular kind of work carefully H In plain (b) General nature of industry important. business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) hould OF DE 10 NAME OF 11 BIRTHPLACE OF FATHER *State the Discase Causing Death, or, in deaths from S RENT Violent Caus s, state (1) Means of Injury and (2) whether CAUS (State or country Accidental, Suicidal or Homicidal, 12 MAIDEN NAME PAI TA LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death. uld of o Where was disease contracted, 0.5 if not at place of death?.. sho statement usual residence. EVERY Address 15

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Spinner, (b) Callon mill; (a) Civil engineer, Stationary fireman, etc. Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on 34.8). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile (a) the kind of work and also (b) the Salesman. factory. The material -Coul mine, etc. Locomotive engineer, But in many (b) Grovery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tophoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomtelunus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., Supris, carbolic acid—probably suicide. or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. use of "Tumor" for malignant neoplasms); Measles, inges, perilonacum, etc., Carcinoma, Sarcoma., etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death accident; Revoluer wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary Whooping. American Medical Association.) Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid Inanition, " "Marasmus,
Iraamia, " "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY death), 29 ds.; Bronchopneumonia (secondary interstitial nephritis, cough; or intercurrent) Committee on Chronic etc. The contributory affection need The nature of the injury, valvular heart Nomenclature Always qualify all not discase :

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate in permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housowife*, *Housework*, or *At Home*, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal in Indian meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stited unless importan+ use of "Tumor" for malignant neoplasms); American Medical Association.) causing death), 29 ds.; L. (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need not be valvular hcart disease; The contributory Mcasles;

If this certificate is looked over theroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11780
1. PLACE OF DEATH	(9)
County Calvet	Registration Dist. No. 02
Village or City Dea	elino. St., Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mssmssds.
7/ 1/2 1	us. now long in 0.5. If of foreign with:
2. FULL NAME TYPULE CULIGINA	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCEQ (write the word)	21. DATE OF DEATH 23
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIEM The lattended deceased from
	I lest saw hele elive on 20 , 193/ ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest saw here elive on the date stated above, at. S. Am.
1 day, hrs.	The PRINCIPAL AUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	folay freemaya
SAWYER, BDDKKEEPER, etc.	Complicating fertures
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end spent in this	
year) occupation	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	facinizery,
13. NAME (Liamber) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
1 - // /	23. If deeth was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
16, BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT John A Chambers	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) (18. BURIAL, CREMATION, DR REMOVAL	
Place St Colmons Date Oct 22/1931	Manner of injury
110:11 511	Nature of injury
19. UNDERTAKER WASH SEWELL	If so, specify
20 FILED COCK 241971 With Hardesty	(Signed) Just Ward M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	4.4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ; j	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A Transfer	C I		
Other contributory causes of importance:	7 72	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

1PLACE OF DEATH	11781 STATE OF MARYLAND
County Alb	GERTIFICATE OF DEATH Registration Dist. No.
Village or City (No. 2FULL NAME	St.: Ward) (If denth occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH June 2 3/19 30 (Month) (Day) (Year)	that I last saw laive on the lattended the deceased from
7 AGE Vers. / mos. ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs. ds. Contributory Secondary
10 NAME OF FATHER Coulo 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) M	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Chiefo Bench	19 PLACE OF BURIAL OR REMOVAR DATE OF BURIAL A LIMONS Church QA 3, 1981.
Filed OA 3 1923 1 Wheitele Registrar	20 UNDERTAKER Willie J Semll Done
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the work, or Al Home, and children, not gainfully employed, as Al school, or Al home. Care should be taken should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer. report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The n ture of the injury, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart Nomenclature of the The contributory disease;

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from (Day) 7 AGE If LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH & OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in RENT deaths from state (1) Means of Injury (2) Whether (State or country) Causes, and Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER (State or country 0 Where was disease contracted, if not at place of death?..... Every Item CIANS sho statement Former or usual residence If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm loborer, Loborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) whatever, write None business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, tion applies to cach and every person, irrespective of cupation is very important, so that the relative healthreport specifically the occupations of persons enrner, (b) Cotton mill; (a) Solesmon, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL perdondis," etc. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaenia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, Chronic Corcinoma, Sorcoma, etc., of chopneumonia (secondary) etc. valvular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

A PERMANE BINDING

WITH UNFADING INK---THIS IS

WRITE PLAI

m

Z

FOR

RESERVED

MARGIN

1753

(119)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 50

FULL NAME DATE OF DEATH 2FULL NAME DATE ORIGINAL PARTICULARS DESCRIPTION A COLOR OR RACE SINGLE, MARRIED MOONED (Write the word) B DATE OF BIRTH CL, 20, 931 (Contil) (Day) France Mooned or Month of the Write Color or Market Mooned or Write the word) To AGE (ILESS than and that death occured on the date stated above, at 192, 192, 193, 193, 193, 193, 193, 193, 193, 193		Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS BEX 4 COLOR OR RACE SINGLE WIDOWED Wirlte the word 16 DATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended the decessed from year to the state above, at 192, that I last eaw h. T. alive on	Village or City Dovell, (No	a hospital or institu-
DATE OF DEATH A COLOR OR RACE S ANGLE MARRIED WIDOWED (R DIVORCE) (Write the word) OCT DIVORCE (Write the word) (Conth) (Day) (Conth) (Day) (Conth) (Day) (Conth) (Day) (Conth) (Cont) (Contributory Secondary (Signed) (Durstion) (Durstion) (Durstion) (Ween and that death accurate on the date stated above, at	2FULL NAME Dajah Elizah	stend of street end
MARRIED WINDOWS OF JUNE DATE OF BIRTH C.:onth) (Day) (Year) TOCH 17 I HEREBY CERTIFY, That I attended the deceased from 198, to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Interpretation Country C	annale Orload Orlowed Or Divorced	(Month) (Day) (Year)
AGE The Cause of Death * was as follows: Cause of Death * was as foll	morch, 20, 1931	oct 4 - 1921 to , 192 , that I last eaw her alive on oct 4 - , 1921.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 DIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 (Address) 16 MOTHER (Informant) (Informant) (Informant) (Address) (Informant) (Inform	6 15 I dayhrs.	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 O S SURVEY 16 O S SURVEY 17 Durstion) 18 Contributory Secondary (Signed) (Signed) (Address) (Address) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (A	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) mos / O. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 O S AND	9 BIRTHPLACE (State or country) Manyloud	Secondary (Durstion) yrs
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 O S AND	OF FATHER (State or country) Pennsylvania	*St.te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 OF MOTHER (State or country) Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER O	of MOTHER (Ida) relcliers	
(Informant) Edgar Dobles (Address) Davells Male Special Color Burial OR REMOVAL (Address) Davells Male Special Color Burial OR REMOVAL (OLG , 1931) (Date of Burial OR REMOVAL (OLG , 1931)	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
	(Informant) Edgar Donella, Md. (Address) Davella, Md. 15 105 131 DE 1500.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL (0 6 , 1931.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health Statement of Occupation-Precise statement of oestate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coul mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopmaunonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., ef (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; discases resulting from ehildbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "(Exhaustion," "Heart failure," "Heart failure," "Heart failure," "Heart failure," "Shock," "Shock," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease eausing unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all Whooping eough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature (Recommendations on statement of cause of death tclunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary),

If this certificate is looked over thoroughly and all questions anywered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11794
1. PLACE OF DEATH	(57-e) Fh
County Calpert	Registration Dist. No.
Village or City Andrelland	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baly Sint She	en
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVGREED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended decaesed from
6. DATE OF BIRTH (month, day, and year) Of 24, (5 2)	I last sew h 22 eliva on 27 25 1931 ; death is said
7. AGE Years Months Deys If LESS then 1 day, hrs.	to have occurred on the data steted ebove, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were a follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of importanca:
13. NAME I dund Irem	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Oete of Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	23. If deeth wes dua to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Sander Land Deta OC - 25, 1931	Manner of Injury
19. UNDERTAKER Thomas Gray (Address) Sunderland	24. Was disease or injury in any wey releted to occupetion of deceased?
20. FILEO DOT 25°, 1931 WH Hardes J. Registrar.	(Signed) August Mary M. O. (Address) Language Della Mary M. O.
If more blanks are needed, address State Registrar.	2413 N. Charles Street Baltimore, Requesting Q. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1015 1901	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIAN
TENDETTIONS	DI TIVE	TOIL	I CICILITIE	O T LYTH THE TAY I TO	DI THIBIUIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH of OCCUPA-1. PLACE OF DEATH

Registration Dist. No .__

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•	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Ward

(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, (MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY. Thet I ettended deceased fr
6. DATE OF BIRTH (month, dey, and year) Aly 27,183	I last saw h alive on Set 19.3 ; death is s
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at / The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate daceesed last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME Vicida Horang 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	23. If death was due to external ceuses (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL, Place Frend Ship Oate Cell 10, 1931.	Manner of injury
19. UNDERTAKER Robert Word (Address) Frenchstip 20. FILEO OCC 10. 1931 W H Hardesty	24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed)

V. S. No. 1

-WRITE PLAINLY,

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Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day loborer, Farm loborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved American Medical Association.) (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptomstited unless important (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic valvulor heort discose; Example: Meusles (disease chopneumonia (secondary), etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1. PLACE OF DEATH	BIN THE STATE OF T	-CERTIFICATE OF DEATH	
County Calvert		Registration Dist. No.	5/
Village or City ares		St	.,Ward
Length of residence in city/or town where dea		If death occurred in a hospital or institution, give its NAME instead of street asds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Frace (= merson) 1	homas.	
(a) Residence: No. (a) area	_	St., Ward.	
	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	.н
t. C.	OR DIVORCED (zwrite the word)	21. DATE OF DEATH Cloter 18 (Month) (Day)	, f93 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I atte	ended deceased from
6. DATE OF BIRTH (month, day, and year)	4.5.1931	Hast saw her alive on Oct 16, 19.	37 ; death is sa
7. AGE Years Months 2	Days If LESS than 1 day,hr ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onse
Frade, profession, or particular kind of work done, as SPINNER,	1	A	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Martin Entral	
work was done, as SILK MILL, SAW MILL, BANK, etc.			
O Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BfRTHPLACE (city or town) (State or country)	<i>‡</i> ;		
	erson	- amprigue any	
Ī		Name of operation Date	e of
14. BIRTHPLACE (city of town) (State or county)	A	What test confirmed diagnosis? Was ther	
15. MAIDEN NAME Jusuits	M. Thomas	23. If death was due to external causes (VIOLENCE) fill in also the fol	llowing:
0 16. BIRTHPLACE (city or lown) West.	Harmony	Accident, suicide, or homicide? Date of injury	, 19
State or country)	1	Where did injury occur?(Specify city or town, county an	
17. INFORMANT Ack Der (Address) ares	ry	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Date 19, 193	Manner of injury	
19. UNDERTAKER N. y. Sewee (Address)	2	24. Was disease or injury in any way related to occupation of decease	d?
	- 4 1	(Signed) Signed	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 1 4 ds. How long in U.S. if of foreign birth? Length of residence in city (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (swrite the word) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 4:300 m 7. AGE Years Months If LESS than 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trada, profession, or particular TION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.___ 9. Industry or business in which **DCCUPA** work was done, as SILK MILL, SAW MILL, BANK, atc.____ 10. Data decaased last worked at 11. Total time (years) this occupation (month and spent In this occupation 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) Was thera an autopsy?___ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury ____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and Stata) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. nation should 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury Date: 606 - 8 1931 CAUSE Nature of injury LION 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroen kritis	7 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

STATE OF MARYLAND

HYSI- Exact	PLACE OF DEATH County ADEA	STATE OF MARYLAND CERTIFICATE OF DEATH
d.Y.		Registration Dist. No. 5
ated EXACTLY, I operly classified certificate.	Village or City ares (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be be ck	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h let alive on 23, 193/
plied. ACE s rms so that instructions	7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
item of information should be carefully sup should state CAUSE OF DEATH in plain tenent of OCCUPATION is very important. See	y (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Sigsed) (Duration) yrs mos 7 ds. Contributory Secondary (Sigsed) (Duration) yrs mos 6 ds. (Sigsed) (Adages) (M. D. M. D. M
BEvery ite CIANS s statemer	(Address) (Address) Filed (Address) Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ONG 19 31 ADDRESS ADDRESS ADDRESS
ż	If more branks are needed, address State Registrar.	. 16 W. Saratora St., Balto., Requesting V. S. No. 1.

WRITE PL.

N. B.--

MARGIN RESERVED FOR BINDING H UNFADING INK--THIS IS A PERMANH

(Approved by U. S. Census and American Public Health Association.)

er," etc., without nive previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PL

-		11790
	PLACE OF DEATH	STATE OF MARYLAND
1	County Cawen	CERTIFICATE OF DEATH
Н	0 11	Registration Dist. No. 51
П	Transie Tre denis	7
ė	Village or City / Wes	St.: Ward) (If death occurred in a hospital or institu-
200	Jemand	tion, give its NAME in-
211	2FULL NAME	number.)
200	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
4	Male (WIDOWED, OR DIVORCED ON TO	(lef 6, 1986)
0	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	CLPT, 13, 192	attinud 1 192
0	fonth) (Day) (Year)	that I last saw h alive on
2	7 AGE If LESS than	and that death occurred on the date stated above, at
0	Oyrs. 4 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
	OCCUPATION	0
0	(a) Trade, profession or particular kind of work	T. H. Ada Pariel
	(b) General nature of industry	w harring ways
0	business, or establishment in which employed or (employer)	Duration) yre. D. mos
	9 BIRTHPLACE	Contributory Secondary
	(State or country)	(Darration) yrs. mos. 3 ds.
	10 NAME OF 7, /	- 1/ Dunin
>	FATHER Woody Commodory	(Signed) M. D.
0	OF FATHER	(Address)
5	OF FATHER Z (State or country) M ,	*State 'the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER MALAS TI) allas.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	0 - 00	ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds. State yrs ds,
	(State or country)	Where was disease contracted.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Incolon Wallay	usual residence
	TO 7	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	Tarkees creek 17, 1931
	15 Filed 10/7 12/ J. M. Skrig	20 UNDERTAKER ADDRESS
	Registrar	My Sewell Harris
	If more blanks are needed, address State Registrar	, 16 W. Sarayoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer—Coat mine, etc. wom-en at home, who are engaged in the dutics of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons enworked on may form part of the second statement. Never return". Laborer,"". Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed (b) Grocery;

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